

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF FACILITY SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES**

**EMERGENCY MEDICAL DISPATCHER (EMD)
SKILLS EVALUATION TEMPLATE**

Emergency Medical Dispatchers, prior to applying for North Carolina certification must successfully complete an evaluation conducted under the direction of the ALS medical director assessing their ability to perform the skills and procedures required. EMDs may have their skills evaluated using the three methods described later in this document. This document, and the included *Skills Evaluation Template*, assist in creating a local evaluation procedure for EMD programs and provide guidance for the skills evaluation requirement of EMD certification or recertification. The template may be used as is, or may be modified to local requirements and conditions. The EMD skills evaluation template must be approved by the local medical director.

PERFORMANCE EVALUATION

The emergency medical dispatcher is a specially trained telecommunicator with specific emergency medical dispatch knowledge. Training only prepares a new EMD for correct use of the Emergency Medical Dispatch Priority Reference System (EMDPRS) or "Protocol Cards." It does not assure that it is accessed and complied with as intended. It is necessary to establish a sound medical management processes through a multi-component QA/QI program administered by the EMD employing dispatch agency in conjunction with the program medical director. Prompt, correct, and appropriate patient care can be enhanced through the use of a standardized approach to quality assurance, especially the component of EMD performance assessment.

The EMD must function using a medically approved EMDPRS to establish the template for performance and protocol compliance evaluation. The ongoing performance appraisal must evaluate the EMDs ability to follow and comply with the established agency policies and procedures.

Established performance criteria should be shared with new employees and measured on a regular basis. These should include evaluation of performance in:

- Conformance to established policies of the employing agency;
- Compliance with the EMDPRS of the employing agency;
- Skill appraisal of the EMD through case review;

Multiple cases which an individual manages must be reviewed on a regular basis. The selection of cases to be reviewed should provide a perspective of the individual's performance over the entire spectrum of call-types received. It is recommended that approximately 7 to 10 percent of calls received by the emergency medical dispatch agency, where the EMD protocols are utilized, be reviewed.

Individuals performing dispatch case reviews must have an emergency medical background, preferably be experienced at an ALS level, and be specially trained in the process of EMD case review.

The review shall use a standardized "*case review template*" form that objectively outlines and quantifies all parameters of EMDPRS compliance by which the EMD will be evaluated.

Records must be kept showing, at a minimum, the following areas of compliance:

- Compliance to asking the systematized interrogation questions. These should be subdivided to show different areas of interrogation in the EMDPRS.
- Compliance to providing the systematized pre-arrival instructions (when possible and appropriate to do so) should show separate compliance for each type of pre-arrival instructions found within the EMDPRS.
- Compliance for correctly selecting the dispatch response classification code.

Records should be kept showing cumulative compliance scores in the listed areas for the following groups: Individual compliance averages; Shift compliance averages; Emergency Medical Dispatch Agency compliance averages.

Group compliance averages should be periodically purged of older records allowing the EMD to reasonably improve scores over time, however, all records should be maintained and archived.

The process of individual case review and their findings and recommendations should be managed by a specially trained diversified group of EMS and dispatch agency personnel. Participants in the management of the case review process should represent a cross-section of those individuals within the system affected by the emergency medical dispatch program. These should include, but not be limited to, line dispatchers, managers, administrators, medical control physicians and/or their representatives, field personnel, and ancillary public safety groups such as telephone 9-1-1, primary and secondary Public Safety Answering Points (PSAPs), which operate within the structure of an organized medical dispatch case review committee.

The specific policies and procedures to be utilized for performance appraisal activity must be carefully explained to the EMDs whose performance will be measured and must be objectively and impartially administered.

Regular feedback must be provided to the EMD based on the findings of their performance appraisal.

The goal of the case review process is to enhance the performance of the EMD. This feedback should include both recognition of exemplary performance as well as behavior requiring remediation. This feedback must be provided in written form and maintained in the employee's records.

EMDs who consistently provide quality care should be recognized. Commendations, awards, advancements, media exposure and other forms of positive reinforcement are important elements of performance appraisal.

The emphasis of any remedial activity should focus on re-training and modification of unacceptable practice patterns rather than on sanctions.

Field-to-Dispatch feedback mechanisms should be established to monitor, inquire about and document issues relative to the application of medical dispatch practices witnessed in the total system.

Standardized forms should be used to collect, record and report this information.

All reports generated should be carefully tracked through the system, investigated and evaluated. Written "feed back" should be provided to the initiator. These reports shall be maintained.

All reports should be written as a request for clarification and should avoid any accusatory "non-collegial" tones.

"Sample Scenarios" from the approved EMD course or the Appendix of the U.S. Department of Transportation *Emergency Medical Dispatch - National Standard Curriculum* may be used as a guide in developing scenarios for use in the local EMD program.

1. EVALUATION THROUGH ONGOING QUALITY ASSURANCE

Evaluation through ongoing Quality Assurance (QA) mechanisms to evaluate EMD skills "off line."

This method may be used only for currently operational EMD systems for evaluating practicing EMDs

- A. Approved EMD programs may use the "template" to perform QA
- B. The ALS Medical Director must review and approve the QA document
- C. The ALS Medical Director must review and approve the QA document and make final recommendation for certification or recertification of the EMD

2. EVALUATION THROUGH "ON LINE" MONITORING

“Real-time,” on line monitoring evaluation, either in person or through an “open telephone receiver” system

- A. This method may be used only for currently operational EMD systems for evaluating practicing EMDs
- B. Approved EMD programs may use the “template” to perform QA
- C. The ALS Medical Director must review and approve the QA document
- D. The ALS Medical Director must review and approve the QA document and make final recommendation for certification or recertification of the EMD

3. EVALUATION THROUGH SIMULATED “SKILLS SCENARIOS”

Simulated “scenarios” or simulated requests for EMD assistance may be used to evaluate currently practicing EMDs, however one of the other listed alternatives, as part of an organized Quality Assurance (QA) program are preferable

- A. This method should be used for entry level, initial certification of EMDs
- B. This method may be used for evaluating EMDs with “certifications” not presently recognized by the state
- C. All portrayed scenarios for evaluation must be constructed to simulate real life situations and should strive for realism
- D. No visual clues or eye contact with the caller should be afforded the candidate under evaluation
- E. Realistic telecommunications devices should be provided and used if possible
- F. Simulated calls must measure a representative sample of emergent, urgent and routine requests for assistance
- G. The employing agency EMDPRS **must** be used for the evaluation process
- H. Candidates must acquire appropriate information, dispatch correct resources and give the pre-arrival instructions **verbatim** from the EMDPRS
- I. Candidates must document the simulated call appropriately
- J. Stress should be produced in the evaluation environment commensurate with the EMD communications center with all situations replicated as realistically as practical and consideration provided the seriousness of the evaluation environment
- K. The ALS Medical Director must review and approve the evaluation documents, simulated scenarios and the evaluation to make final recommendation for certification or recertification of the EMD

EMERGENCY MEDICAL DISPATCHER SKILLS EVALUATION TEMPLATE

DATE OF EVALUATION: _____

NAME OF EMERGENCY MEDICAL DISPATCHER: _____

SIGNATURE OF MEDICAL DIRECTOR or APPROVED EVALUATOR

_____ Date: _____

EMD CRITERION	EVALUATION
1. INCIDENT ADDRESS or LOCATION DETERMINED and VERIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. "CALL BACK" TELEPHONE NUMBER OBTAINED and VERIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. CHIEF COMPLAINT IDENTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. NUMBER OF PATIENTS DETERMINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. AGE OF THE PATIENT DETERMINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. PATIENT LEVEL OF CONSCIOUSNESS DETERMINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. PATIENT BREATHING STATUS DETERMINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. PATIENT SEX DETERMINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. CORRECT INFORMATION CONVEYED TO FIELD UNITS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. CHIEF COMPLAINT CORRECTLY DETERMINED? AS: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. CORRECT RESPONSE CONFIGURATION DISPATCHED PER EMDPRS?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
12. CORRECT LEVEL OF RESPONSE DETERMINED PER EMDPRS? (ALS vs. BLS)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
13. CORRECT MODE OF RESPONSE DETERMINED PER EMDPRS? (LIGHTS/SIREN vs. NONE)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
14. ALL "KEY QUESTIONS" FROM AGENCY EMDPRS ASKED? (Check as needed) #1 <input type="checkbox"/> ; #2 <input type="checkbox"/> ; #3 <input type="checkbox"/> ; #4 <input type="checkbox"/> ; #5 <input type="checkbox"/> ; #6 <input type="checkbox"/> ; #7 <input type="checkbox"/> ; #8 <input type="checkbox"/> CARD No. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
15. NEED FOR PRE-ARRIVAL INSTRUCTIONS DETERMINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
16. "KEY QUESTIONS" FROM AGENCY EMDPRS ASK IN CORRECT SEQUENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
17. EFFECTIVELY GUIDED CALLER THROUGH THE CRISIS AND PROVIDED APPROPRIATE PRE-ARRIVAL INSTRUCTION PER THE AGENCY EMDPRS?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
18. APPROPRIATE MEDICAL SCRIPTS FOLLOWED VERBATIM?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
19. CALL ACCURATELY AND APPROPRIATELY DOCUMENTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
20. EMD MAINTAINED AN ATTITUDE OF "HELPLESSNESS" TO THE CALLER?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
21. APPROPRIATE CALMING TECHNIQUES USED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
22. EMD MAINTAINED EMOTIONAL COMPOSURE DURING CALL?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
23. VERBAL SKILLS PERFORMED IN AN UNDERSTANDABLE MANNER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
24. DETERMINED IF CALLER WAS FIRST PARTY (THE PATIENT); SECOND PARTY (WITH THE PATIENT); THIRD PARTY (REMOTE FROM PATIENT); FOURTH PARTY (REFERRING AGENCY)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
25. CORRECT DISPATCH CODE ASSIGNED? Coded as: ____ ____ ____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

(USE BACK OF FORM FOR COMMENTS)

Number of **YES + N/A** items checked _____ **X 4 =** _____ SCORE

SCORE MUST BE GREATER THAN 80 and include YES response to items 1 through 10.

Failure to obtain positive responses to these elements shall require re-evaluation